

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: _____		2 Serial/Patent 10/524358										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
Overpayment		Credit Deposit A/C #:										
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
No Fee Due (Explanation):												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: _____		TITLE: _____										
SIGNATURE: _____		PHONE: _____										
OFFICE: _____												
THIS SPACE RESERVED FOR FINANCE USE ONLY:		<div style="font-size: small;"> Rep'n. Ref: 06/08/2005 PKIDWELL 001505 000 DHH:020184 Hase/Number:10524358 FC: 9204 \$500.00 C </div>										
APPROVED: _____		DATE: _____										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: